THE WHITE HOUSE
Office of the Press Secretary

FACT SHEET: Health Care in Maryland
What the Affordable Care Act is doing for Maryland families

The Affordable Care Act has already covered nearly one in three uninsured Americans – more than sixteen million – and improved coverage for virtually everyone with health coverage. Americans can no longer be denied coverage because of preexisting conditions, women can't be charged more just for being women, and there are no more annual caps on the care patients receive. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. In the years to come, the ability to buy portable and affordable plans on a competitive marketplace will allow countless Americans to move, start businesses, and dream big American dreams – without worrying if an illness will bankrupt them. Here is how the Affordable Care Act is working for families in Maryland:

After Health Reform: Improved Access to Care

- Gallup recently estimated that the uninsured rate in Maryland in 2014 was 7.8 percent, down from 12.9 percent in 2013.

- Prohibits coverage denials and reduced benefits, protecting as many as 2,542,844 Marylander who have some type of pre-existing health condition, including 319,986 children.

- Eliminates lifetime and annual limits on insurance coverage and establishes annual limits on out-of-pocket spending on essential health benefits, benefiting 2,251,000 people in Maryland, including 872,000 women and 585,000 children.

- Expands Medicaid to all non-eligible adults with incomes under 133% of the federal poverty level. 325,770 more people in Maryland have gained Medicaid or CHIP coverage since the beginning of the Health Insurance Marketplace first open enrollment period.

- Establishes a system of state and federal health insurance exchanges, or marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices through which 114,559 people in Maryland were covered in March 2015.

- Created a temporary high-risk pool program to cover uninsured people with pre-existing conditions prior to 2014 reforms which helped more than 1,664 people in Maryland.

- Creates health plan disclosure requirements and simple, standardized summaries so 3,568,600 people in Maryland can better understand coverage information and compare benefits.

After Health Reform: More Affordable Care

- Creates a tax credit to help 78,110 people in Maryland who otherwise cannot afford it purchase health coverage through health insurance marketplaces.

- Requires health insurers to provide consumers with rebates if the amount they spend on health benefits and quality of care, as opposed to advertising and marketing, is too low. Last year, 206,102 consumers in Maryland received $17,265,604 in rebates.

- Eliminates out-of-pocket costs for preventive services like immunizations, certain cancer screenings, contraception, reproductive counseling, obesity screening, and behavioral assessments for children. This coverage is guaranteed for more than 2,953,834 people in Maryland including 1,225,095 women.

- Eliminates out-of-pocket costs for 613,392 Medicare beneficiaries in Maryland for preventive services like cancer screenings, bone-mass measurements, annual physicals, and smoking cessation.

- Phases out the "donut hole" coverage gap for 79,857 Medicare prescription drug beneficiaries in Maryland, who have saved an average of $1,034 per beneficiary.

- Creates Accountable Care Organizations consisting of doctors and other health-care providers who share in savings from keeping patients well while improving quality, helping 207,872 Medicare beneficiaries in Maryland.

- Phases out overpayments through the Medicare Advantage system, while requiring Medicare Advantage plans to spend at least 85 percent of Medicare revenue on patient care. Medicare Advantage enrollment has grown by 21,728 to 77,536 in Maryland since 2009.

After Health Reform: Improved Quality and Accountability to You

- Provides incentives to hospitals in Medicare to reduce hospital-acquired infections and avoidable readmissions. Creates a collaborative health-safety learning network,

the Partnership for Patients, that includes 14 hospitals in Maryland to promote best quality practices.

We're not done. Other legislation and executive actions are continuing to advance the cause of effective, accountable and affordable health care. This includes:

- Incentive payments for doctors, hospitals, and other providers to adopt and use certified electronic health records (EHR). In Maryland more than 73 percent of hospitals and 37.1 percent of providers have electronic health records systems.

- A new funding pool for Community Health Centers to build, expand and operate health-care facilities in underserved communities. Health Center grantees in Maryland now serve 302,229 patients and received $97,246,532 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.

- Health provider training opportunities, with an emphasis on primary care, including a significant expansion of the National Health Service Corps. As of September 30, 2014, there were 195 Corps clinicians providing primary care services in Maryland, compared to 52 clinicians in 2008.

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